

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail			Commiss P.O. Box Alexandr	Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000		
INSTRUCTIONS: This f appropriate. All further or indicated unless corrected	orm should be used for transcription of the below or directed otherwise	namitting the ISSUE FEE Patent, advance orders and in Block 1, by (a) specif	and PUBLICATION PRE notification of maintenarying a new correspondence	(if required), Blocks I through the cum to fees will be mailed to the cum to address; and/or (b) indicating a second	5 should be completed where em correspondence address as	
	71.04					
CURRENT CORRESPONDENCE ADDRESS (Note: Uso Black 1 for any change of address)			Note: A cert	Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
27581 7590 06/15/2005			papers. Each			
MEDTRONIC,				Certificate of Mailing or Tr	nasmission	
MS-LC340	C PARKWAY NE		I hereby cert States Postal addressed to	tify that this Fee(s) Transmittal is be Service with sufficient postage for the Mail Stop ISSUE FEE address to the USPTO (703) 746-4000, on the	sing deposited with the United first class mail in an envelope ass above, or being facsimile	
MINNEAPOLIS, 4/2005 TBESHAH2 0000		EED	KA	PLAK, WELS	(Depositor's name)	
	90016 132546 10045	333		retail rueis	(Signmor)	
C:1501 1400.00 C:1504 300.00				107.13, 2005	(Date)	
APPLICATION NO.	FILING DATE	FORST N.	MED INVENTOR .	ATTORNEY DOCKET NO	. CONFIRMATION NO.	
10/045,553 01/11/2002		Scott B. Kakones		P-10289.00	1834	
APPLN. TYPE	SMALL ENTITY	ISSUE PER	PUBLICATION I	FEE TOTAL PEE(5) DUE	DAYE DUE	
nonprovisional	МО	. \$1400	\$300	\$1700	09/15/2005	
EXAMINER		ART UNIT CLASS-SU		ss		
Jastrzab, Jeffrey R		3762	52 607-116000			
Change of correspondence address (or Change of Corresponden Address from PTO/SB/122) attached. St. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custom Number is required.			(1) the names of mp to 3 registered patent attorneys or agents QR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
PLEASE NOTE: Unleader recordation as set forth in (A) NAME OF ASSIGN	NEE	elow, no assignee data will of this form is NOT a subst (B) RESID	appear on the patent. If ture for filing an assignme ENCE: (CITY and STATE			
4a. The following fee(s) are	e assignee category or catego	<u> </u>	the patent):	al Corporation or other private	group entity Government	
			A check in the amount of the fee(s) is enclosed.			
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.			
Advance Order - # of Copies			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number			
a. Applicant claims S	(from status indicated above MALL ENTITY status, See	e) 37 CFR 1.27. 🔲 b. А	plicant is no longer claim	ing SMALL ENTITY status. See 37	CFR 1.27(g)(2).	
The Director of the USPTO NOTE: The Issue Fee and I interest as shown by the rec	is requested to apply the Issa Publication Fee (if required) viords of the United States Pan	ue Fee and Publication Fee will not be accepted from an ent and Trademark Office.	if any) or to re-apply any yone other than the applica	previously paid issue fee to the appl act, a registered attorney or agent; o	ication identified above. r the assignee or other party in	
	Han Albrecht		Da	te 9-/3-05 gistration No. 40, 48/		
Authorized Signature	TANKE TO THE TANKE					
Typed or printed name		BRECHT		gistration No. 40, 48 mentit by the public which is to file to lake 12 minutes to complete, include. Any comments on the amount of atent and Trademark Office, U.S. D. DDRESS. SEND TO: Commission		





Facsimile Cover Sheet

MEDTRONIC LAW DEPARTMENT - CONFIDENTIAL

Attention: Mail Stop Issue Fee

Company: United States Patent and Trademark Office

Telephone: 703-308-6789 **Facsimile:** 703-746-4000

Application No.: 10/045,554

Filing Date: January 11, 2002

From: John W. Albrecht, Esq.

Telephone: 763-505-0429
Facsimile: 763-505-0411
Our Ref. No.: P10289.00US

Date: September 13, 2005

Pages (including cover page): 5

Comments: Enclosed are the following documents:

• Transmittal Letter

Form PTOL-85 – Part B

 Fee Addressee for Receipt of PTO Notices Relating to Maintenance Fees

<u>NOTICE</u>

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS ATTORNEY PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ON THIS TRANSMITTAL FORM. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY Karla Weis at (763) 505-0421. THANK YOU.



Docket No.: P-10289.00US

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Scott B. Kokones, et. al

Group Art Unit:

3762

Application No.:

10/045,553

Examiner:

Jeffrey R. Jastrzab

Filing Date:

January 11, 2002

Due Date:

September 15,2005

For:

Neurostimulation Lead Stylet Handle

CERTIFICATE OF MAILING OR TRANSMISSION I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop: Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on September 13, 2005 to 703-746-4000.

Karla K. Weis

TRANSMITTAL LETTER

Mail Stop: Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Enclosed for filing in the above-identified application are:

Transmittal Letter (in duplicate)

Form PTOL-85 - Part B

Fee Addressee for Receipt of PTO Notices Relating to Maintenance Fees

Return Receipt Postcard

Please charge Deposit Account No. 13-2546 \$1.400.00 for Issue Fee, \$300.00 for Publication Fee

for a total of \$1700.00.

Please charge any additional fees or credit any overpayments to Deposit Account No. 13-2546, which may have been overlooked on this Transmittal Letter with regard to this filing. A

duplicate of this transmittal letter is enclosed.

Respectfully submitted,

Date: Se

September 13, 2005

John W. Albrecht

Registration No. 40,481

MEDTRONIC, INC.

710 Medtronic Parkway N.E., M.S.: LC340

Minneapolis, Minnesota 55432-5604

Telephone: 763-505-0429 / Facsimile: 763-505-0411

Customer No.: 27581